



## Murray's Tool Rental, Inc

3131 E Main St., Columbus, OH 43213

614-231-3657 FAX: 614-231-4114

### ONE - TIME CREDIT CARD AUTHORIZATION

Please fill out the following information and email to [wendy@murraystool.com](mailto:wendy@murraystool.com). It will be held in strictest confidence. Please call us at 614-231-3657 after you have sent the fax so we may immediately retrieve the information.

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of Cardholder (as it appears on your card) \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ Type of Card \_\_\_\_\_ CVV \_\_\_\_\_

Address & Zip Code bill is mailed to \_\_\_\_\_

Phone number of Cardholder \_\_\_\_\_

***I hereby authorize Murray's Tool Rental to use the credit card shown above for the one-time payment of \$\_\_\_\_\_.***

***I hereby agree to pay for the products, rentals and/or services received by Murray's Tool Rental, Inc.***

Signature of Cardholder \_\_\_\_\_

Printed Name of Cardholder \_\_\_\_\_

Date \_\_\_\_\_